

**Mental Health Services Act
Workforce Education and Training**

**Needs Assessment
Special Topic Workgroup**

June 13, 2006

MINUTES

1. Present.

- a. Rudy Arrieta, San Joaquin County Mental Health
- b. Marianne Baptista, California Association of Psychosocial Rehabilitation Agencies
- c. Vivian Criado, San Diego County Mental Health (Older Adults)
- d. Wendy Desormeaux, Department of Mental Health
- e. Fran Edelstein, California Alliance of Child and Family Services
- f. Carole Ford, California Network of Mental Health Clients
- g. Pam Hawkins, United Advocates for Children of California
- h. Brian Keefer, California Mental Health Planning Council
- i. Don Kingdon, California Mental Health Directors Association (small counties)
- j. Lois Lang, Public Sector Consultants
- k. Deborah Lee, Oversight and Accountability Commission
- l. Mona Maggio, Board of Behavioral Science Examiners
- m. Carolyn Manley, Expert Pool family member representative – Lake County
- n. Laurel Mildred, California Mental Health Directors Association (MHSA)
- o. Rick Ramirez, Gardner Family Care Foundation
- p. John Shea, Allen, Shea and Associates
- q. Gary Spicer, Alameda County Mental Health
- r. Inna Tysoe, Department of Mental Health
- s. Richard Van Horn, Mental Health Association Los Angeles
- t. Alice Washington, California Institute for Mental Health

Facilitator: Warren Hayes, Department of Mental Health

Lois Lang and John Shea were introduced as representatives of the two consulting firms who were planning on submitting a competitive proposal to respond to the Department's Request for Quotation to engage the services of a Needs Assessment Consultant. Both participated in the day's activities.

2. Power Point Presentation. (See Attached)

The group reviewed a power point presentation that outlined the reason for the workgroup topic, the MHSA Workforce Education and Training context for this topic, operating principles for developing recommendations and options, the

process for review and consideration of workgroup products, and short- versus long-term considerations. The California Mental Health Planning Council's recommendations, as well as a broad summary of stakeholder input to date was outlined.

The workforce needs from approximately 20 county Community Services and Supports Plans were summarized for the group in order to provide a very preliminary idea of the type and nature of MHSA positions needed, as well as the challenges confronting the counties. The remaining counties should be summarized in the next few weeks, with a county, region and statewide summary and analysis available for the group's next meeting.

3. Proposed Needs Assessment Projects.

The group reviewed and discussed potential projects that were presented for consideration as the means to complete the statutorily required comprehensive statewide assessment of California's public mental health workforce education and training needs. The group validated the following projects:

- a. **Analyze current county CSS plans** to assist in applying short-term strategies to immediate workforce needs. The emphasis should be on developing a quick baseline of need, begin to develop common service functions that cut across occupational classifications, and highlight counties that put quality attention to matching duty descriptions to services that honor the intent of the Act. The group cautioned that this project should not slow down the application of education and training resources to the start-up of CSS Plans. Much that is reflected in the counties' workforce challenges are already known.
- b. **Research completed studies** to avoid duplicating work already completed, and to learn from successful strategies and methodologies that have been developed.
- c. **Develop a workforce projection methodology** that identifies the significant variables that affect the capability versus demand equation, and develop the means to measure the impact of these variables over time. The group agreed to assist in defining and limiting these variables, so as to enable a realistic methodology. Implicit to this project is the defining of current capacity versus need, service utilization versus ideal service utilization, the dynamic nature of the recovery model's impact on service utilization, and functionally defining ideal service provider per consumer ratio.
- d. **Project what is needed**, both in terms of type and amount of individuals needed, as well as training and methods of training. The group emphasized the articulation of functionally defining the competencies, as opposed to quantifying the number of individuals needed in current occupational classifications.

- e. **Field a standardized needs assessment survey** that will be synchronized with the counties' planning and development of the next three year program and expenditure cycle. This next cycle will have the Education and Training component integrated into the CSS component.
- f. **Evaluate the impact of the application of Education and Training resources.** This implies establishing a baseline and projecting desired outcomes. The evaluation methodology should include the perspective of administrators, service providers, consumers and family members, and the public. The group expressed the desirability of linking training efforts to measured impact on service delivery.
- g. **Provide useable information with which to make appropriate recommendations.** The group recognized the limited but valuable role of the Needs Assessment Consultant to develop timely products that can easily enable decision-makers to apply education and training resources.

4. Additional Group Input.

- a. Cultural competency and consumer and family member integration into all aspects of public mental health are cross-cutting across all workgroup activity.
- b. Curriculum and training fidelity to the principles of wellness and recovery needs to be implemented.
- c. The needs assessment effort this next year will evolve into an evaluative effort on an ongoing basis.
- d. Recognize the effect of budget cuts on general funded services and the staffing shortages in the state hospitals, locked facilities and prisons.
- e. Recognize the capacity of individuals from outside the public mental health system, such as healers, general physicians and retirees to assist in the workforce solution.
- f. UC Davis Center for Reducing Health Disparities was suggested as a useful resource for culturally focused issues.
- g. Harvard University's Kessler database on epidemiology was suggested as a useful tool.
- h. Several states that have attempted behavioral health workforce assessments were suggested.

5. Next Meeting.

The group decided to meet on Thursday, August 10th, from 10:00 A.M. until 3:00 P.M. The California Endowment has again graciously offered the use of their meeting room.

Agenda items will include reviewing and commenting on, a) the initial work of the Needs Assessment Consultant, b) the completed summary and analysis of the counties' CSS Plan workforce needs, and 3) the short-term workforce education and training strategies developed by the remaining eight special topic workgroups